

PROJECT HOPE

Integrating Child Survival and IMCI Activities into Six Target Communities in the North-East Department of Haiti

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First Annual Report

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1. Introduction

Project HOPE was awarded a five-year grant for a child survival program in six of the thirteen communes in the NorthEast Department (DNE) of Haiti, covering a population of 98,907, with 16,517 children under five and 24,727 women of reproductive age.

This section of the Department is the most underserved, with no hospital, a single health center with beds, and a weak system of care. There are no NGOs providing facility based health care in this area. The Department can be characterized as having a general lack of infrastructure and public services. The economy is primarily agricultural.

The intended partner at the time of preparation of the project proposal was the Ministry of Public Health and Population, specifically the DNE departmental and communal government health system.

HOPE intended to use the team from its previous child survival project in Milot in the neighboring North Department to provide a rapid start to the program as trainers and supervisors until local persons could be prepared to carry out these activities. HOPE had established its country office in Milot, about 1¼ hours drive from the project area's most central community (Trou du Nord), and had intended to continue that base of activities, while establishing offices for this project in the new project area.

The final evaluation of the North Department Child Survival Project took place between the time of award of this agreement and the date targeted for initiation of the project, October 1, 2001, with verbal information from the evaluation available in August and a final report in September. As the result of issues identified by that evaluation, it became inappropriate to retain the previous project's management and technical staff. This left HOPE on October 1, 2001 without a team to start this project.

A new project director took over in January 2002, but after 4 months of working, she was not able to meet the challenges of starting up a new project under a variety of difficult conditions and had to be terminated in May 2002. Project implementation was put on hold as of May 31, 2002.

In June 2002, the USAID Mission suggested collaboration with CDS (Centre du Developement et Sante), a Haitian NGO with substantial previous experience in community PHC and excellent performance in the Mission's ongoing PHC project HS2004. CDS was carrying out HS2004 funded health services in the other half of the Department (the six eastern communes) in collaboration with MSPP, and had recently been awarded additional support to initiate tuberculosis (TB) activities in the whole Department including the six western communes. During the early phases of program redesign with CDS and the MSPP in June, the Public Health Director of the North-East Department was rotated to another Department. Until he was replaced in August 2002, CDS and HOPE were unable to continue the project redesign and planning with the MSPP. An initial agreement for startup activities was signed with CDS in mid-November, with actual activities starting on the ground on December 1, 2002. Negotiations are continuing to define and plan the partnership and the project activities as a whole for the four

years remaining in the project, with an expected completion of a plan and an agreement in February 2002.

As a result of these difficulties in implementing this project, Project HOPE failed to prepare a DIP by April 2002, and in June 2002 offered to return the grant funds to USAID. At this time of writing, however, (mid-December 2002) things have substantially improved from that low point. Activities actually are taking place on the ground in DNE, HOPE and CDS have reached an initiation agreement and are on the brink of concluding a long-term agreement, and MSPP is poised to approve the revised project structure and proposed minor changes in activities and to participate as an active third partner. Although 14 months behind schedule, the project is taking off with energy and speed.

The remainder of this report will document the few accomplishments, which have taken place despite these difficulties.

2. Project Goal and Objectives

The goal of this project is to reduce infant mortality, child mortality and improve reproductive health in six communes in the North-East Department of Haiti.

The Project objectives as described in the original proposal were as follows:

OBJECTIVES

Child Health - Household Level

- Improved preventive actions to maintain child health
- Improved home management of common childhood illnesses
- Improved care-seeking practices

Child Health – Community Level

- Increased community participation in child health and disease prevention activities

Child Health - Health Facility Level

- Improved management of child health and community outreach

Child Spacing

- Improved knowledge and practices
- Increased community participation
- Improved access and quality of services

HIV/AIDS/STIs

- Improved knowledge and practices
- Increased community participation
- Improved access and quality of services

Capacity Building

HOPE management and technical expertise strengthened

Sustainability at

Community Level, Health Facility Level, and Departmental Level -- MSPP

Project HOPE has targeted May 2003 for DIP completion prior to the DIP “mini-university” review and comment sessions in June. We anticipate that there will be some changes in these objectives, in particular capacity building of our partner CDS, and likely changes in the percent effort devoted to specific interventions. CDS is already carrying out very similar services to what will be provided as part of this project in the Eastern communes of the department, but with some differences (e.g. more effort given to family planning). In addition, the results from the KPC survey are now at hand as well. MSPP has demanded a more active role and participation in determining the priorities of the project activities than was the case during the preparation of the proposal. Also, a new “Agenda pour l’Action” in the health field has been released by the national level MSPP (September 2002). This has been accompanied by a substantial increase in emphasis by the government on the adherence of all health projects to the priorities defined in this Agenda. All these forces will be taken into account as we reshape these objectives and the accompanying percentage of project effort relative to these original objectives. We will include these new priorities and activities in the DIP.

3. Progress and Accomplishments

As described in summary in the Introduction section of this report, HOPE found itself on October 1, 2001 with no senior technical or managerial staff. The following will provide some additional detail of the sequence of events, which took place from that date until now.

October-December 2001

- Initial general and superficial facility survey by project coordinator retained temporarily from previous HOPE CS project. Was not sufficient for action.
- Immediate efforts in Haiti as well as globally to recruit, identify and hire an appropriate skilled and experienced project director.
- Identification of an apparently suitable candidate in December, followed by reference checking and hiring. Candidate was already located in Haiti, working for another US PVO.

January – March 2002

- New Project Director (PD) starts work. Orientation at HOPE Center.
- Ordering of 4 vehicles for the project.
- Testing of retained temporary staff from previous project with additional assignments, resulting in determination that she was not appropriate for continuation, and terminated.
- USAID declines to extend due date for DIP submission. Stress on importance of completing DIP by April, with an inclusive planning process and a KPC.

- PD shifts offices, establishes home in Cap Haitien with communication channels while maintaining residence in Port au Prince. Begins to interact with new Departmental Director of MSPP.
- PD completes repair of existing HOPE vehicles.
- Visits to communes, and initiation of efforts to identify promoters.
- Planning in collaboration with MSPP leads to request to have CS project pay for MSPP staff.
- HOPE Center contracts TA from Haitian Health Foundation to PD for preparing DIP.
- Planning for formal health facility assessment.
- Completion of contract with local social science agency for KPC survey.

Greater details are provided in the **Quarterly Report** from the Project Director for this period (attached).

April – June 2002

- Administrative staff provided training in financial and reporting procedures at HOPE Center
- Contracted social science organization conducts training for KPC survey in Cap Haitien.
- HOPE Center provides additional TA by sending staff member to join training activities for survey interviewers, but assistance rejected by Project Director in unpleasant fashion.
- Survey begins in half of project area (Terrier Rouge).
- PD comes to HOPE Center two weeks late, with incomplete DIP tasks, still writing. After one week of continued DIP preparation, HOPE center management determines that PD is unable to complete project tasks in efficient manner, and unwilling to communicate openly with HOPE Center, hence let go.
- Regional Director meets with USAID, puts project on financial hold until clear alternative approach can be defined.
- Vehicles arrive in Haiti. USAID mission staff provides critical assistance in clearance through customs.
- HOPE Regional Director and Senior Technical Advisor each make a trip to Port au Prince, meet with Mission and CDS, also MSPP and MSH. Initial steps toward a partnership defined. CDS asked to comment on existing project plan, including activities, and to prepare a draft budget.

July – September 2002

- Survey interviews completed. Analysis begun.
- Continuing telephone and email communication and negotiations between HOPE Center and CDS. Long pauses in responses from CDS during this period. In the absence of an MSPP Regional Director, design stalls. Only a single programmatic response received, with no suggested budget.
- In absence of input from CDS, HOPE Center prepares revised draft project proposal characterizing CDS HOPE partnership, forwards to CDS, again requesting comment and a budget.
- HOPE Regional Director again visits all stakeholders, makes some progress toward an agreement. Both CDS and the new MSPP Departmental Director prepare and sign official Letters of Intent, to collaborate with Project HOPE in the joint redesign, planning and implementation of the Child Survival Project (attached).

October – November 2002

- CDS Director visits Washington area to visit daughter, meets with HOPE VP for International Operations and Senior Technical Advisor; agrees in principle to partnership.
- Results of KPC survey received.
- CDS and MSPP continuing planning discussions, field visits to project sites, making informal assessments.
- HOPE Senior Technical Advisor visits Haiti, meets with USAID, and develops with CDS a six-month agreement to allow initiation of activities by December 1 (attached). CDS and HOPE agree to seek conclusion of a long-term agreement by February 28.
- MSH agrees in principle to serve as in-country agent for HOPE; scope of work currently being negotiated.
- CDS continuing finalization process of project document and proposal to HOPE that will serve as basis for an agreement.

Appendix A

Quarterly Report from the Project Director
January–March 2002

HAITI CHILD SURVIVAL PROJECT

USAID GRANT NO.

JANUARY – MARCH 2002 QUARTERLY REPORT

PREPARED BY

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ACRONYMS

ARI	Acute Respiratory Infection
CHA	Community Health Agent
CMR	Child Mortality Rate
CBD	Community Based Distributor
CDS	Center for Development and Health
CS	Child Survival
DIP	Detailed Implementation Plan
DSNE	North East Health Department
EBF	Exclusive Breastfeeding
EPI	Expanded Program for Immunization
HHF	Haitian Health Foundation
HQ	HOPE Center
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
LAM	Lactational Amenorrhea
MCH	Maternal Child Health
MSPP	Ministry of Public Health and Population
NGO	Non Governmental Organization
ORS	Oral Rehydration Serum
PHC	Primary Health Care
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TDN	Trou du Nord
TR	Terrier Rouge
TTV	Tetanus Toxoid Vaccine
UCS	Communal Health Units

EXECUTIVE SUMMARY

In January 2002, HOPE Center hired a new Project Director for the Haiti Child Survival Project. She received a two-day orientation in Millwood and then returned to Haiti. The major activities undertaken during the quarter included: staff recruitment and meetings with the Ministry of Public Health and Population (MSPP) to discuss implementation plans for the new project.

The MSPP Departmental Director for the North East (DSNE) introduced the Project Director to the MSPP Communal Health Unit (UCS) Directors in Trou du Nord and Terrier Rouge in late January. The DSNE hosted a meeting in February for HOPE to present the project to representatives from the 11 health facilities in the project intervention area. The major needs cited by the participants include staff shortage—particularly community level health agents and auxiliary nurses at dispensary level, logistics support for the EPI and Essential Drugs programs, local transport for community health agents and auxiliary nurses as well as for UCS supervision.

Meetings were also held with USAID Haiti, MSH-HS 2004, CARE, PSI, INHSAC, CDS and the Haitian Health Foundation to discuss the start-up of the project and future collaboration.

ADMINISTRATIVE ACTIVITIES

The project focused on administrative activities typical for any project start-up. These included revising the Employee Contracts and Job Descriptions, reviewing Employee Benefits, setting up new Vendor Accounts and checking the Financial Management System. Decisions were made to send the Administrator to HOPE Center for training in QuickBooks and cross-train the Executive Assistant at a later date. USAID Haiti offered to facilitate the visa process for HOPE.

After repeated delays with having transfers credited to the project account at the Banque de l'Union Haitienne (BUH), HOPE opened both US Dollar and Haitian Gourde accounts at UNIBANK in Cap Haitien. Advantages to moving to UNIBANK include lower fees, direct payroll deposit for employees, access to ATM, and web banking services.

Project Offices

The Catholic Church in TDN offered office space to HOPE. The Director will meet with the Parish Priest to discuss rental terms in April. The space is appropriate and centrally located. Advantages for HOPE include proximity to the churchyard where project vehicles can be safely parked overnight and to the two-story rectory building where a satellite dish (for internet access) can be set up.

The project is looking for a second office in Terrier Rouge.

Project Equipment

International Procurement

Vehicles. Authorization was given by HOPE Center to purchase 4 vehicles. These vehicles will arrive in late May and late June. USAID Haiti will clear and register the vehicles.

Computers. The Director asked HOPE Center to kindly postpone computer procurement until the needs can be better assessed. HOPE is setting up two separate offices—one in each project area and will most likely need at least two computers in each office.

Local Procurement

Photocopiers. The photocopiers will be purchased in Port-au-Prince for maintenance reasons.

Generators. Each office will need a generator. Price quotations will be obtained in Port-au-Prince.

Inverters. For practical as well as security reasons, each office will also need an inverter. Price quotations will be obtained in Port-au-Prince.

Project Supplies

The project will also be procuring mules, horses, bicycles, megaphones, Salter scales and other supplies. The animals will be purchased at local markets. The scales and megaphones will be ordered through HOPE Center.

HOPE Liaison Office in Milot

HOPE will continue to maintain an office at the Sacré Coeur Hospital in Milot. Since March, the Executive Director and his Assistant are sharing office space with HOPE. When the new laboratory building is completed, HOPE will move out of its present office space and into the former laboratory. This space is smaller (which is more appropriate for a liaison office) and quieter.

TECHNICAL ACTIVITIES

The project began discussions and planning meetings with the MSPP in January.

Community Level

The project will prioritize training, equipping and supervising community health agents (CHA) in the more under-served areas in the Vallières, Perches, and St Suzanne communes. Currently the MSPP has 15 CHA working in the 6 communes. The project will fund 30 more for a total of 45 CHA. The project will also fund additional staff at the health facility level to ensure supervision of community activities.

Each CHA will receive initial training in IEC, Immunizations, Nutrition, Breastfeeding, Diarrhea, ARI, Family Planning, Malaria, Maternal Health, STI/HIV/AIDS and how to do the community census. The training will take place over a three-month period, combining classroom instruction with supervised field practice. Each CHA (and facility-based supervisor) will receive a mule, horse or bicycle, depending on the zone. All CHA will be equipped with a backpack and other work materials. The MSPP Departmental Director has agreed to officially acknowledge the health agent training and sign the graduation certificates.

Facility Level

The MSPP Departmental Director has proposed that HOPE fund a staffing model of 1 nurse, 2 auxiliary-nurses, and CHA at dispensary level. The project will support this model in 6 of the 11 facilities (CSL Terrier Rouge, CSL Grand Bassin, DISP Vallières, DISP Caracol, DISP St Suzanne, DISP Dupity). The MSPP has this staffing model in place in 3 facilities (DISP Perches, CAL TDN, DISP Roche Plate). Due to financial constraints, 2 facilities (DISP Phaeton, DISP Jakzyl) will function with 1 nurse and 1 auxiliary-nurse, or 2 auxiliary-nurses (plus CHA).

The project will also fund 1 nurse and 1 auxiliary-nurse (plus CHA) for the community dispensary in Grosse Roche in the commune of Vallières.

UCS Level

The TR UCS is staffed full-time with one MD and one RN-Supervisor. The one room office has a computer and printer but no power supply nor vehicle.

The TDN UCS has no full-time staff. The Coordinator is the Director for the TDN Hospital (CAL). The RN-Supervisor is the community health supervisor at TDN. There is no UCS office in TDN or vehicle.

The project will fund a Technical Advisor and an Administrative Assistant at each UCS. The project will also provide transport for supervision and logistics support.

ACTIVITIES PLANNED FOR NEXT QUARTER

During this coming quarter, the project will concentrate on conducting the KPC baseline and preparing the Detailed Implementation Plan (DIP). Local consulting firms will work with HOPE and the MSPP to complete these tasks.

Intell Consult, a local Haitian consulting firm, has been contacted for the KPC study. This firm has recent experience doing KAP and KPC studies for USAID-funded CARE and SAVE US Child Survival projects. The consultancy also includes initial training for MSPP and CDS staff on conducting a KPC study.

Bette Gebrian, the Public Health Director of the Haitian Health Foundation, is providing technical input and program guidance—particularly on the Health Track information system and census techniques—for the DIP preparation. The census preparation, training and fieldwork are key to setting up a population-based monitoring system—critical for measuring coverage and assessing project progress.

Genesis, a local Haitian consulting firm, will work with HOPE and the MSPP to prepare development plans for the two UCS. These plans will include a proposal for the physical upgrading, recommended staffing and equipment for the TDN Hospital, and technical assistance to develop operational plans and budgets for the two UCS including organizational charts and job descriptions. This consultancy is directly linked to capacity building, cost recovery, and improved private-public sector coordination with the MSPP.

The MSPP in TR and TDN will complete CHA recruitment during April and May. Initial training will begin in June. The MSPP Nurse Trainers will be using the MSPP CHA curriculum with additional material from the RICHES Gid Kolaboratris developed by CARE Haiti. The DSNE and UCS Nurse Trainers will travel to Jeremie for three days in June to observe the HHF team approach at rally posts and learn how HHF organizes mothers clubs, and AK1000 demonstration and production.

Appendix B

Letters of Intent from MSPP and CDS

Appendix C

Memorandum of Agreement with CDS

Port au Prince, Haiti
November 15, 2002

MEMORANDUM OF AGREEMENT

CDS (Centre Pour le Developpement et la Sante) and Project HOPE hereby state their agreement to work together in implementing certain activities aimed at initiating a maternal and child health services improvement project in collaboration with the Department of Health of the North East (DSNE) aimed at the six western communes in two UCSs covering that area in the Department du Nord-Est. The agreement covers the period Dec 1, 2002 through May 31, 2003. The activities to be carried out and products to be produced as part of this agreement are listed in Attachment A.

CDS agrees to implement the activities listed in the field, and to provide oversight and supervision from its central office in Port au Prince, with a weekly report on progress with regard to each item being provided to Project HOPE.

Project HOPE agrees to provide funds according to the budget listed in Attachment B, to respond to the reports as received with comments and any technical guidance or suggestions needed, and to provide representation at the restitution workshop and in the preparation of the DIP. Funds will be transferred from HOPE to CDS in three tranches, at the initiation of the activities, on Feb 1, and on April 1, based upon the overall budget for the period and the workplan (Attachment C) and on progress in and completion of the planned activities.

It is the intention of the two organizations to complete the planning and budgeting of the total project during this period, based on a project design currently being prepared by adaptation of the original proposal for the project submitted to USAID in December 2000 and subsequently funded by them, on the information produced by the assessments being done as part of the activities of this agreement, on experience gained during this initial six months in the field, and from other information obtained from various sources.

Should either party become dissatisfied with the performance of the other party during the period of implementation of this agreement, that party may dissolve the partnership created by this memorandum as of the end of the six month period, with no further obligation beyond the budget and activities of this agreement by either party. In the absence of such dissatisfaction, the two organizations will complete negotiations and sign another agreement for additional activities to take place as part of the project at any point prior to May 31, 2003.

Dr. Robert S. Northrup
Senior Technical Advisor
Project HOPE
Millwood, Virginia

Dr Reginald Boulos
President du Conseil du
Administration
Centre Pour le Developpement
Et la Sante

ATTACHMENT A

INITIAL ACTIVITIES HOPE – CDS

1) RECRUIT CDS FIELD DIRECTOR AND SECRETARY	Contract signed
2) INITIATE CDS FIELD DIRECTOR ACTIVITIES, WORKING OUT OF HOPE MILOT OFFICE	Reports of activities
3) INITIATE THE ESTABLISHMENT OF CDS FIELD OFFICE IN TROU DU NORD	Reports of activities
4) ESTABLISH CONTACT WITH MSPP REGIONAL DIRECTOR AND UCS DIRECTORS	Reports of activities
5) IMPLEMENT SDMA ASSESSMENT OF HEALTH CENTERS WITH MSH AND CDS CENTRAL BUREAU ASSISTANCE	Reports of activities
6) IDENTIFY AND CONTACT LOCAL ORGANIZATIONS IN TROU DU NORD AND TERRIER ROUGE	Reports of contacts in habitations
7) SELECT CANDIDATES FOR PROMOTORS	Candidates selected
8) TRAIN HEALTH AGENTS (FROM TROU DU NORD AND TERRIER ROUGE) AND PROMOTORS IN CENSUS TAKING	Health agents and promoters trained Contracts signed
9) CARRY OUT CENSUS	Census completed
10) ANALYSE DATA AND PREPARE REPORTS FROM SDMA AND CENSUS	Reports completed
11) CARRY OUT TRAINING OF TROU DU NORD AND TERRIER ROUGE HEALTH CENTERS STAFF ORIENTED TOWARD SERVICES IMPROVEMENT	Training completed

12) IMPROVE QUALITY OF SERVICES DELIVERY AT TROU DU NORD AND TERRIER ROUGE HEALTH CENTERS	Reports of services improved, with improvements described
13) PROVIDE LIMITED SUPPORT FOR SUPPLIES AND ESSENTIAL EQUIPMENT FOR TROU DU NORD AND TERRIER ROUGE	Request for supplies/equipment submitted to HOPE; Items purchased
14) CARRY OUT RESTITUTION WORKSHOP WITH DSNE, UCS, CDS, HOPE, AND COMMUNITY REPRESENTATION TO PLAN PROJECT STRATEGIES ON BASIS OF KPC SURVEY, SDMA, AND CENSUS.	Workshop plans completed Workshop carried out.
15) PREPARE DETAILED IMPLEMENTATION PLAN (DIP) AND REVISED BUDGET FOR PROJECT CONTINUATION	DIP draft (including budget) prepared DIP draft revised DIP submitted to USAID

ATTACHMENT C

INITIAL ACTIVITIES HOPE – CDS

Activities	Nov 02	Dec 02	Jan 03	Feb 03	Mar 03	Apr 03	May 03
1) RECRUIT CDS FIELD DIRECTOR AND SECRETARY	X						
2) INITIATE CDS FIELD DIRECTOR ACTIVITIES, WORKING OUT OF HOPE MILOT OFFICE		X					
3) INITIATE THE ESTABLISHMENT OF CDS FIELD OFFICE IN TROU DU NORD		X	X	X			
4) ESTABLISH CONTACT WITH MSPP REGIONAL DIRECTOR AND UCS DIRECTORS		X	X	X	X	X	X
5) IMPLEMENT SDMA ASSESSMENT OF HEALTH CENTERS WITH MSH AND CDS CENTRAL BUREAU ASSISTANCE		X					
6) IDENTIFY AND CONTACT LOCAL ORGANIZATIONS IN TROU DU NORD AND TERRIER ROUGE			X				
7) SELECT CANDIDATES FOR PROMOTORS			X	X			
8) TRAIN HEALTH AGENTS (FROM TROU DU NORD AND TERRIER ROUGE) AND PROMOTORS IN CENSUS TAKING				X			
9) CARRY OUT CENSUS				X	X		
10) ANALYSE DATA AND PREPARE REPORTS FROM SDMA AND CENSUS			X	X	X	X	

11) CARRY OUT TRAINING OF TROU DU NORD AND TERRIER ROUGE HEALTH CENTERS STAFF ORIENTED TOWARD SERVICES IMPROVEMENT		X	X	X	X	X
12) IMPROVE QUALITY OF SERVICES DELIVERY AT TROU DU NORD AND TERRIER ROUGE HEALTH CENTERS		X	X	X	X	X
13) PROVIDE LIMITED SUPPORT FOR SUPPLIES AND ESSENTIAL EQUIPMENT FOR TROU DU NORD AND TERRIER ROUGE		X	X			
14) CARRY OUT RESTITUTION WORKSHOP WITH DSNE, UCS, CDS, HOPE, AND COMMUNITY REPRESENTATION TO PLAN PROJECT STRATEGIES ON BASIS OF KPC SURVEY, SDMA, AND CENSUS.					X	
15) PREPARE DETAILED IMPLEMENTATION PLAN (DIP) AND REVISED BUDGET FOR PROJECT CONTINUATION	X	X	X	X	X	X